



Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

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2011 OCT 31 AM 8:28

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: Sep 3, 2011 Ending Date: Oct 21, 2011

Type of Report: (Check one)

☐ 8th day preceding preliminary ☒ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Steven Perdios Candidate Full Name (if applicable)	Committee to Elect Steve Perdios Committee Name
Ward 2 City Councillor, City of Quincy Office Sought and District	Raymond Coscia Name of Committee Treasurer
86 Ruggles Street, Quincy MA 02169 Residential Address	122 South Walnut Street, Quincy MA 02169 Committee Mailing Address
Telephone Number (optional): (617) 877-5975	Telephone Number (optional): (617) 770-3470

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	\$ 3505.98
Line 2: Total receipts this period (page 3, line 11)	\$ 3280.00
Line 3: Subtotal (line 1 plus line 2)	\$ 6785.98
Line 4: Total expenditures this period (page 5, line 14)	\$ 2629.71
Line 5: Ending Balance (line 3 minus line 4)	\$ 4156.27
Line 6: Total in-kind contributions this period (page 6)	\$ 300.00
Line 7: Total (all) outstanding liabilities (page 7)	\$ 784.02
Line 8: Name of bank(s) used: Quincy Credit Union	

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: [Signature] (Treasurer's signature) Date: 10.30.11

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee and no activity independent of the committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filing separate report

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury: Steven Perdios (Candidate's signature) Date: 10/30/11

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9.8.11	Agnitti, Anthony 21 Franklin St. Quincy MA 02167	\$100.00	
9.13.11	Amendolare, John 30 W. Elm Avenue Quincy MA	\$50.00	
9.27.11	Belmont, Nancy 294 Elmwood Ave Wollaston MA	\$25.00	
10.7.11	Belmont, Winifred 294 Elmwood Ave Wollaston MA	\$25.00	
10.20.11	Broydrick, Richard 58 Old Country Way Weymouth MA	\$100.00	
9.17.11	Cameron, Lisa 21 Dartmouth Street Quincy MA	\$25.00	
10.10.11	Centamore, Adam & Carmen 38 North Payne Street Quincy MA 02169	\$25.00	
9.12.11	Costello, Joe 50 Lincoln Ave Wollaston MA	\$25.00	
9.19.11	Cotter, Jaye 16 Peterson Road Quincy MA	\$25.00	
9.5.11	Cotter, Michael & Cyndy 5 Post Island Road Quincy MA	\$50.00	
2.19.11	DiMeo, Jayne 30 Rosewood Drive Halifax MA	\$25.00	
9.29.11	Donovan, Jan 18 Beach Street Rockland MA	\$25.00	
Line 9: Total Receipts over \$50 (or listed above)		\$ 200 -	
Line 10: Total Receipts \$50 and under* (not listed above)		\$ 300 -	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$ 500 -	← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS

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This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9.20.11	BALSAMO, SAL & MIMI 29 POST ISLAND RD QUINCY MA	\$ 25 -	
9.5.11	FAIELLA, LOUIS & ALICE 13 ALDEN ST QUINCY MA	\$ 25 -	
9.9.11	HALFORD, ROBERT 1001 MARINA DR. QUINCY, MA	\$ 100 -	
9.8.11	JAMES, SHARON 360 MAIN ST HINGHAM, MA	\$ 25 -	
9.13.11	KELLY, THOMAS & MARY 11 SHRETON RD QUINCY MA	\$ 50 -	
9.17.11	KOBER/MORAN GEORGE & BARLA 21 LINDEN ST #125 QUINCY, MA	\$ 50 -	
9.16.11	KODAD, PAUL 256 SEP ST QUINCY, MA	\$ 25 -	
9.19.11	LOFGREN, ED 24 CHURCH ST HANOVER, MA	\$ 25 -	
9.19.11	KEATING, ANNE 12 PRESIDENTIAL DR #1 QUINCY, MA	\$ 10 -	
9.22.11	MCDONALD/VALERIE GAIL, WALTER 59 DEWSON R QUINCY MA	\$ 50 -	
9.23.11	MC MAHON STEPHEN & THERESA 93 RUGGLES ST QUINCY, MA	\$ 60 -	
9.23.11	MUDGE, M. JAYNE 1000 S ARTERY QUINCY, MA	\$ 25 -	
9.20.11	PALMER, TONY 79 BLUE HILL TERRACE MILTON MA	\$ 100 -	
9/29.11	PERDIOS, DAN 775 N. PLAZA AMIGO DALLI SPRINGS CALIFORNIA	\$ 100 -	
9/28/11	PERDIOS, JAMES & MARY 82 ARNOLD ST QUINCY MA	\$ 150 -	RETIRED
Line 9: Total receipts in excess of \$50 (or listed above)		\$ 510 -	
Line 10: Total receipts \$50 and under* (not listed above)		\$ 310 -	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$ 820 -	Enter on page 1, line 2

* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9.19.11	Duggan, Mike 90 Ruggles Street Quincy MA	\$40.00	
9.20.11	Egan, James 543 Huntley West Hollywood, CA 90069	\$100.00	
10.21.11	Felins, Bill 6 Berkley Street Quincy MA	\$20.00	
9.21.11	Gangl, Larry 47 Main Street Quincy MA	\$50.00	
9.21.11	Gately, Roberta 96 Alton Street Quincy MA	\$50.00	
10.20	Gibbons, Bob 152 Squanto Road Quincy MA	\$30.00	
9.23.11	Ingram, Wendy 197 Elmgrove Ave Providence RI	\$25.00	
10.21.11	Joyce, Richard & Nancy 104 Haviland Street Quincy MA	\$50.00	
9.29.11	Kelly, Elizabeth 8 Mulberry Lane South Walpole MA	\$100.00	
10.21.11	Kelly, Thomas & Mary 11 Shelton Road Quincy MA	\$100.00	
9.30.11	Maher, Charles 200 Cove Way Quincy MA	\$25.00	
10.21.11	Mazrimis, Michael & Maureen 49 Bayberry Road Quincy MA	\$50.00	
9.23.11	Palmer, Thomas & Linda 79 Blue Hill Terrace Milton MA	\$50.00	

Line 9: Total Receipts over \$50 (or listed above) **\$300 -**

Line 10: Total Receipts \$50 and under* (not listed above) **\$390 -**

Line 11: TOTAL RECEIPTS IN THE PERIOD **\$690 -**

← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
10.21.11	Patts, John & Mary 23 Fairfield Street Braintree MA	\$25.00	
9.6.11	Penders, Kevin & Neda 2 Highland Street Foxboro MA	\$50.00	
9.24.11	Perdios, Dan 775 North Plaza Amigo Palm Springs CA	\$100.00	
9.21.11	Perdios, David & Sara 52 Bartons Lane Milton MA	\$250.00	Park Director, Town of Milton
9.10.11	Perdios, James & Mary 52 Arnold Street Quincy MA 02169	\$100.00	Retired
10.24.11	Perdios, James & Mary 52 Arnold Street Quincy MA 02169	\$200.00	Retired
9.30.11	Pinette, Leah 95 Wingate Avenue Methuen MA	\$25.00	
9.16.11	Quigley, Eddie 70 Elliot Street Quincy MA	\$75.00	
9.24.11	Scolaro, John & Amy 44 Russell Drive Quincy MA	\$50.00	
10.21.11	Stevens, Bryan & Marilyn 34 Braddock Park, #1 Boston MA	\$75.00	
10/21/11	Tsoi, Jennifer 131 Charles Street Cambridge MA	\$100.00	

Line 9: Total Receipts over \$50 (or listed above) \$900-

Line 10: Total Receipts \$50 and under* (not listed above) \$150-

Line 11: TOTAL RECEIPTS IN THE PERIOD \$1050-

← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS

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This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page number on each page.

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
9.28.11	QUIGLEY, IRENE & EDWARD 70 ELLIOT RD BRANTREE BRANTREE MA	\$50 -	
9.30.11	SMITH, MARCIA 68 SAHOSET ST QUINCY MA	\$20 -	
9.19.11	TANDY, DAVID & CONNIE 30 ST GERMAIN ST QUINCY, MA	\$25	
9.22.11	RYAN, JIM 87 BEAL SRD WALTHAM MA	\$100 -	
9.17.11	ZINKEVICZ, MARCIA 91 CLAY ST WOLLASTON, MA	\$25	
Line 9: Total receipts in excess of \$50 (or listed above)		\$100 -	
Line 10: Total receipts \$50 and under* (not listed above)		\$120 -	
Line 11: TOTAL RECEIPTS IN THE PERIOD		\$220 -	Enter on page 1, line 2

* If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
9.14.11	East Coast Printing	449 Washington St Weymouth MA 02188	campaign literature	\$595.01
9.27.11	East Coast Printing	449 Washington St Weymouth MA 02188	campaign literature	\$1,487.51
10.21.11	East Coast Printing	449 Washington St Weymouth MA 02188	campaign literature	\$462.19
10.1.11	MacDonald, Gail	59 Dewson Road Quincy MA 02169	reimbursement for campaign T-shirts	\$85.00
Line 12: Total Expenditures over \$50 (or listed above)				0
Line 13: Total Expenditures \$50 and under* (not listed above)				2629.71
Line 14: TOTAL EXPENDITURES IN THE PERIOD				2629.71

Enter on page 1, line 4 →

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
8/8/11	INNE AT BAY POINTE	64 WASHINGTON ST QUINCY MA	FUNCTION ROOM CHOWDER	\$250
10/24/11	CROWN'S RUBICK HOUSE	23 DESMOINE RD QUINCY MA	FUNCTION ROOM APETIZERS	\$50
Line 15: In-kind over \$50				\$250 -
Line 16: In-kind \$50 and under				\$50 -
Line 17: Total In-kind				\$300 -

Enter on page 1, line 6

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer. (6)

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
8.5.11	PERDIO'S, STEVE COURTNEY	86 RUGGLES ST	REIMBURSEMENT FOR CAMPAIGN EXP.	\$784.02
Line 18: OUTSTANDING LIABILITIES (ALL)				\$784.02

Enter on page 1, line 7

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page. (Page 47)